

## **Vehicle/Vessel On-line Access Contract Application-IVIPS**

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

**ivips@dol.wa.gov**  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895  
**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Paul Kreuger Law Firm, PC</b>		Website	
Contact name. Primary applicant and contract manager <b>Kristi Nolan</b>		(Area code) Telephone number <b>(503) 222-0226</b>	
Email (required) <b>knolan@paulkruegerlaw.com</b>			
Contact name 2 (if applicable) <b>Paul H. Krueger</b>		(Area code) Telephone number <b>(503) 222-0226</b>	
Email (required) <b>pkrueger@paulkruegerlaw.com</b>			
Physical address of business (number and street) <b>4380 SW Macadam Avenue, Ste. 450</b>			
City <b>Portland</b>		State <b>OR</b>	ZIP code <b>97239</b>
Mailing address of business (if different) <b>Same</b>			
City		State	ZIP code
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<b>6d</b>			
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Legal Services. Look up license plate information related to personal injury claims.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.			
All contact will be via insurance agents and/or appropriate legal counsel related to personal injury claims			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

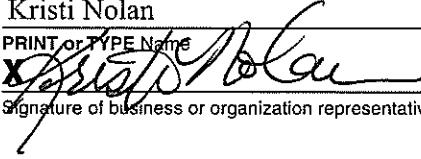
*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

6/15/17

Date and place (county) signed

Kristi Nolan

PRINT or TYPE Name

  
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
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If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Lake Washington High School</b>		Website <a href="http://www.lwsd.org/lwhs">www.lwsd.org/lwhs</a>	
Contact name, Primary applicant and contract manager <b>Brian G. Story</b>	(Area code) Telephone number <b>(425) 936-1712</b>	Email (required) <b>bstory@lwsd.org</b>	
Contact name 2 (if applicable) <b>Kia duNann</b>	(Area code) Telephone number <b>(425) 936-1706</b>	Email (required) <b>kduann@lwsd.org</b>	
Physical address of business (number and street) <b>12033 NE 80th St.</b>			
City <b>Kirkland</b>	State <b>WA</b>	ZIP code <b>98033</b>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
We are a public high. Our campus security would like access to vehicle records to facilitate their maintaining a safe and orderly parking lot and secure campus. We have parking passes for student/staff vehicles, but occasionally have vehicles belonging to visitors/stranger which require identifying.			

**6d**

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We assign parking infractions for vehicles parked improperly, with vehicle registration information we can identify the owner of the vehicle (parents/coaches/etc), better asses said situation, and provide them notice of their improper parking.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
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- **Private investigator** – Attach a legible copy of your current private investigator license.

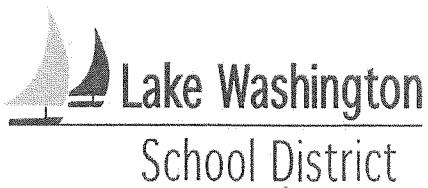
*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

6.5.2017 / King County  
Date and place (county) signed

BRIAN STORY  
PRINT or TYPE Name  
X Brian Story  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**Business Services**  
16250 N.E. 74th Street  
Redmond, WA 98052

Mailing Address: P.O. Box 97039  
Redmond, WA 98073  
Office: (425) 936-1223 • Fax: (425) 936-1325

To Whom It May Concern:

This memo outlines the understanding of Lake Washington School District as to the status of donations or grants awarded to the school district. Based upon review of the applicable Internal Revenue Code (IRC), donations or grants to the district receive status as charitable contributions by the donor, if used solely for a "public purpose."

As a governmental unit of the State of Washington, the district is not classified as a "501(c)(3), charitable organization"; however, the provisions of IRC Section 170 govern donations and grants to the district. Specifically:

Section 170(a)(1) "General rule – There shall be allowed as a deduction any charitable contribution (as defined in subsection [c]) payment of which is made within the taxable year..."

Section 170(c) "Charitable Contribution Defined – For purposes of this section, the term 'charitable contribution' means a contribution or gift to or for the use of (1) A State, a possession of the United States, or any political subdivision of any of the foregoing... but only if the contribution or gift is made for exclusively public purposes."

The code does not specifically define "public purpose," but it is interpreted to mean the contribution or gift must not be intended to benefit any particular individual.

The Lake Washington School District welcomes donations and grants made for the benefit of our educational program and students, and has in place accounting and reporting procedures to ensure that all donations and grants are used for their intended purpose.

If you have any questions regarding this matter, please contact me at (425) 936-1211.

Sincerely,

Barbara Posthumus  
Director of Business Services

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>LAKE WASHINGTON SCHOOL DISTRICT #414</b>	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____  <input checked="" type="checkbox"/> Other (see instructions) ► <b>PUBLIC ENTITY / SCHOOL DISTRICT</b>	
Address (number, street, and apt. or suite no.) <b>PO BOX 97039</b>	Requester's name and address (optional)
City, state, and ZIP code <b>REDMOND, WA 98073</b>	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
_____ - _____ - _____

Employer identification number
<b>6d</b>

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**   **Signature of U.S. person** ►

Date ► **3/21/14**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>CROSSROADS INVESTIGATIONS LLC</b>		Website <b>N/A</b>
Contact name, Primary applicant and contract manager <b>DAVID SNIDER</b>	(Area code) Telephone number <b>509-929-1087</b>	Email (required) <b>davesnider98926@yahoo.com</b>
Contact name 2 (if applicable) <b>N/A</b>	(Area code) Telephone number <b>N/A</b>	Email (required) <b>N/A</b>
Physical address of business (number and street) <b>3960 S. FERGUSON ROAD</b>		
City <b>ELLENBURG</b>	State <b>WA</b>	ZIP code <b>98926</b>
Mailing address of business (if different) <b>PO Box 1141</b>		
City <b>ELLENBURG</b>	State <b>WA</b>	ZIP code <b>98926</b>
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)
		WA Unified Business Identifier (UBI) <b>604-096-738</b>

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

**PRIVATE INVESTIGATION AGENCY WHICH CONDUCTS COURT APPOINTED & PRIVATE INVESTIGATIONS INTO CRIMINAL & CIVIL MATTERS ALONG WITH COLLISION RECONSTRUCTION. THE VEHICLE & VESSEL RECORDS WILL BE USED TO HELP WITH LOCATING VEHICLES & INDIVIDUALS ASSOCIATED WITH INVESTIGATION & COLLISION RECONSTRUCTION.**

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**ON OCCASION THE OWNER WILL BE CONTACTED TO OBTAIN A STATEMENT REGARDING INVESTIGATIONS OR FOR EVIDENTIARY EXAMINATION OF VEHICLES FOR EXAMINATION. OCCASIONALLY, THE OWNER INFORMATION WILL BE DISCLOSED TO THE ATTORNEYS ASSOCIATED WITH THE INVESTIGATION. THE OWNER WILL BE NOTIFIED VIA LETTER AS OUTLINED IN RCW WHICH REQUIRED**

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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

*May 30, 2017 Kittitas County*  
Date and place (county) signed

*DAVID SNIDER*  
PRINT or TYPE Name  
 *David*  
Signature of business or organization representative

**Authorities:**

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**13a**

Company/Agency name LexisNexis Claims Solutions Inc.		Website <a href="http://www.lexisnexis.com/risk">www.lexisnexis.com/risk</a>	
Contact name. Primary applicant and contract manager Jennifer Miller	(Area code) Telephone number (678) 924-4932		Email (required) <a href="mailto:Jennifer.miller@lexisnexis.com">Jennifer.miller@lexisnexis.com</a>
Contact name 2 (if applicable)	(Area code) Telephone number		Email (required)
Physical address of business (number and street) 2885 Breckinridge Blvd., Suite 400			
City Duluth	State GA		ZIP code 30096
Mailing address of business (if different) P. O. Box 740167			
City Atlanta	State GA		ZIP code 30374-0167
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 0178579-1
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
LexisNexis Claims Solutions Inc. provides WA DOT records to insurance companies for insurance claims purposes.			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

LexisNexis Claims Solutions Inc. provides WA DOT records to insurance companies who contractually certify that they have a legitimate legal permissible purpose for the information. LexisNexis Claims Solutions Inc. does not provide WA DOT records to attorneys or Private Investigators.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

April 4, 2017

Date and place (county) signed

Meredith L. Sidewater

PRINT or TYPE Name

Meredith Sidewater

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name  <b>See attached list.</b>		
Address, City, State, ZIP code			
Contact name		(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>2</b>	Legal business name		
Address, City, State, ZIP code			
Contact name		(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>3</b>	Legal business name		
Address, City, State, ZIP code			
Contact name		(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>4</b>	Legal business name		
Address, City, State, ZIP code			
Contact name		(Area code) Telephone number	Email
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

COMPANY_NAME	ACCT_SUFFIX	FIRST_NAME	LAST_NAME	EMAIL	PHONE	PHONE_EXT	ADDR_1	ADDR_2	CITY	STATE_ABBR	ZIPCODE
STATE FARM ENTERPRISE CLAIMS MANAGEMENT		TYLER	GILBERT	tyler.gilbert.mje@statefarm.com	9186412949		12222 STATE FARM BLVD		TULSA	OK	74146
USAA	AAM	JOHN	THOMAS	JOHN.THOMAS@USAA.COM	8005318222		25500 NORTERRA PARKWAY		PHOENIX	AZ	85027
CLAIMS MANAGEMENT RESOURCE		LOIS	BONINE	lbonine@cmrclaims.com	4056068216		615 CLASSEN BLVD		OKLAHOMA CITY	OK	73106
INSURANCE CORP OF BC		DARRYL	LAPAIRE	daryl.lapaire@icbc.com	6046812800		151 W ESPLANADE		N VANCOUVER	BC	V7L1L7
USAA	ABV	MICHELE	TRAINA	Michele.Traina@usaa.com	8136156136		9800 FREDERICKSBURG RD		SAN ANTONIO	TX	78288
GEICO		ROB	REYNOLDS	ROREYNOLDS@GEICO.COM	7162764672		PO BOX 98		WOODBURY	NY	11797-0098
GEICO		JEFF	LEE	JeLee@geico.com	858-513-5524		PO BOX 509090		SAN DIEGO	CA	92150
SEDGWICK CLAIMS MANAGEMENT		KATHY	BELL	Kathy.Bell@sedgwickcms.com	3039926669		PO BOX 14494		LEXINGTON	KY	40512
SAFECO		PATTI	HALL	PATRICIAE.HALL@LIBERTY MUTUAL.COM	9498606101		PO BOX 461		ST LOUIS	MO	63166
ALLSTATE INSURANCE		Maurice	Madison	mmadi@allstate.com	8474026039		2775 SANDERS RD	STE E6	NORTHBROOK	IL	60062
STATE FARM ENTERPRISE CLAIMS MANAGEMENT		TYLER	GILBERT	tyler.gilbert.rqfe@statefarm.com	9186412949		12222 STATE FARM BLVD		TULSA	OK	74146
LIBERTY MUT INS CO		KRIS	OPAL	kris.opal@libertymutual.com	7158426395		2000 WESTWOOD DR		WAUSAU	WI	54401
STATE FARM B2 LINCOLN		KRIS	SCHILLING	kris.schilling.atr3@statefarm.com	2627986226		500 S 84TH ST		LINCOLN	NE	68510
LIBERTY AM	AAR	TERESA	THOMAS	TERTHO@SAFECO.COM	6784173630		PO BOX 461		SAINT LOUIS	MO	63166
PEMCO FTP	AAA	JOHN	AUSTVOLD	john.austvold@pemco.com	4257127748		325 EASTLAKE AVE E		SEATTLE	WA	98109
FARMERS INSURANCE		TONI	ANDERSON	toni.anderson@hpcs.com	4057824937	34618	2401 NW 23RD ST #4A		OKLAHOMA CITY	OK	73107
AMERICAN FAMILY		DENICE	HART	dhar1@amfarm.com	6082490100		9510 MERIDIAN BLVD		ENGLEWOOD	CO	80112
ENTERPRISE RENT A CAR		RHONDA	FERON	rhonda.e.feron@ehi.com	9184016000		14002 E. 21ST ST. STE 1500		TULSA	OK	74134
AMERICAN COMMERCE		LEANNE	MERCIER	lmercier@mapfreusa.com	5089495415		11 GORE ROAD		WEBSTER	MA	01570
STATE FARM INSURANCE		CINDY	TURNER	cynthia.d.turner.ai9t@statefarm.com	7032180603		4401 VILLAGE DRIVE		FAIRFAX	VA	22030
STATE FARM INSURANCE - RAL		TONY	RELMER	tony.reimer.a6k3@statefarm.com	9197893903		4140 PARKLAKE AVE		RALEIGH	NC	27612
TRAVELERS NORTHERN CA CSC		SCOTT	DUFFICY	sdufficy@travelers.com	9196386312		11090 WHITE ROCK ROAD		RANCHO CORDOVA	CA	95670
STATE FARM		TODD	ADAMS	rose.camarata.cvnj@statefarm.com	7704183511		11350 JOHNS CREEK PKWY	2ND FLOOR AOC	DULUTH	GA	30096
EAN SERVICES LLC		JEFF	JACKSON	jeffrey.h.jackson@ehi.com	8663003238		4800 WHEATON DR STE 200		FORT COLLINS	CO	80525
COMMERCE WEST INSURANCE		LEANNE	MERCIER	lmercier@mapfreusa.com	5089439000	15003	PO BOX 6001		GILBERT	AZ	85299
LIBERTY MUTUAL FTP	AHX	PATTY	NERNEY	patricia.nerney@libertymutual.com	6032459161		75 SYLVAN ST STE B201		DANVERS	MA	01923
PEMCO FTP	AAE	JOHN	AUSTVOLD	john.austvold@pemco.com	4257127748		325 EASTLAKE AVE E		SEATTLE	WA	98109
FRED LOYA INSURANCE AGENCY		EDGAR	MEZA	emeza@fredloya.com	2102583461		8603 INGRAM RD		SAN ANTONIO	TX	78245
STATE FARM B AUTO EXPRESS		PAM	TWENTER	pam.twenter.anla@statefarm.com	5734992142		4700 S PROVIDENCE RD		COLUMBIA	MO	65203
FARMERS INSURANCE		ALEXIS	EHLERS	alexis.ehlers@farmersinsurance.com	9138275583		16850 W 119TH ST		OLATHE	KS	66061
O'REILLY AUTOMOTIVE		CINDY	OTEC	cotec@oreillyauto.com	4175204560		233 SOUTH PATTERSON		SPRINGFIELD	MO	65801
FARMERS INSURANCE		PHIL	MILLER	philip.1.miller@farmersinsurance.com	8004357764		16850 W. 119TH ST		OLATHE	KS	66061-7787
COUNTRY INSURANCE		LINDA	TOLIVER	linda.toliver@countryfinancial.com	3098215314		1711 GE ROAD		BLOOMINGTON	IL	61704
STATE FARM INSURANCE - IL		TRENT	CHAPMAN	trent.chapman.hbew@statefarm.com	3174280481		9200 KEYSTON CROSSING	STE 200	INDIANAPOLIS	IN	46240
GEICO FTP		BRYAN	DENNEE	BDennee@geico.com	7162764672		300 CROSSPOINT PKWY		GETZVILLE	NY	14068
SEDGWICK CLAIMS - HALL	BKN	DEBRA	CLIMER	debra.climer@sedgwickcms.com	9729068514		PO BOX 14512		LEXINGTON	KY	40512
TRAVELERS SOUTH TEXAS CSC		PENNY	BUTLER	dlhamis@travelers.com	2816087426		4650 WESTWAY PARK BLVD		HOUSTON	TX	77041
NATIONAL GENERAL INSURANCE		LAURIE	MARTIN	Laurie.Martin@ngic.com	3364352873	53143	PO BOX 3199		WINSTON SALEM	NC	27102-1424
SENTRY INSURANCE CORP		JOHN	KLOC	john.kloc@sentry.com	7153466000		1800 NORTHPOINT DR J3-12-0		STEVENS POINT	WI	54481
FARMERS INSURANCE	AAJ	MIKE	ROOP	MICHAEL_ROOP@FARMERSINSURANCE.CO	5096234922		EAST 26TH 5TH AVE		SPOKANE	WA	99202
GOLDFEIN CLAIMS MANAGEMENT		ADAM	GOLDFEIN	atgoldfein@gmail.com	6783957992		530 DUNNALLY CT		ALPHARETTA	GA	30022

**NOTE: this document has been amended**

ARTICLES OF INCORPORATION

OF

L & S REPORT SERVICE, INC.

AZ. CORP. COMM.  
FOR THE STATE  
FILED

SEP 5 4 28 P.M.

APPROVAL  
DATE APR 12 2011  
TERM  
DATE

ARTICLE I

178579

NAME: The name of the corporation is L & S REPORT SERVICE, INC.

ARTICLE II

PURPOSE: The purpose for which this corporation is organized is the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Arizona as they may be amended from time to time.

ARTICLE III

INITIAL BUSINESS: Furnishing accident and police reports and related documents for insurance companies on a fee basis.

ARTICLE IV

RELATED BUSINESSES: The business of engaging in any and all other business of any type whatsoever growing out of, related to or in any manner whatsoever in connection with any of the items, businesses, relationships, purposes and powers described in these articles. No enumeration herein set forth shall in any manner be deemed to be exclusive of objects or purposes not enumerated, but on the contrary such enumerations shall be construed as including all other and further objects and purposes of the same or similar type or character, regardless of how thin, vague or indefinite the relationship or connection may be.

ARTICLE V

AUTHORIZED CAPITAL: The corporation shall have authority to issue Fifty Thousand (50,000) shares of common stock, each share to have a par value of one dollar (\$1.00).

ARTICLE VI

PREEMPTIVE RIGHTS: Each shareholder shall have the right to acquire new stock at par when new stock is issued unless he has waived or forfeited his right of preemption. No resolution of the Board of Directors authorizing the

issuance of shares to which preemptive rights attach may require such rights to be exercised within less than sixty (60) days.

#### ARTICLE VII

**STATUTORY AGENT:** the name and address of the initial statutory agent of the corporation is Joseph M. Boyle, Duckworth and Boyle, Ltd., 6155 East Indian School Road, Building A, Suite 200, Scottsdale, Arizona 85251.

#### ARTICLE VIII

**KNOWN PLACE OF BUSINESS:** The known place of business of the corporation shall be P.O. Box 9874, Phoenix, Arizona 85008.

#### ARTICLE IX

**BOARD OF DIRECTORS:** The initial Board of Directors shall consist of two (2) directors, but the number of persons to serve on the Board of Directors thereafter shall be fixed by the bylaws of the corporation. The persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualify are:

Carlton R. Simmons 2224 W. Northern, Suite D-205 Phoenix, Arizona	S.A. Lansing 2224 W. Northern Suite D-205 Phoenix, Arizona
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#### ARTICLE X

**INCORPORATORS:** The incorporators of the corporation are:

Carlton R. Simmons 2224 W. Northern Suite D-205 Phoenix, Arizona	S.A. Lansing 2224 W. Northern Suite D-205 Phoenix, Arizona
---	---

All powers, duties and responsibilities of the incorporators shall cease at the time of delivery of these Articles of Incorporation to the Arizona Corporation Commission for filing or immediately following adoption of the initial bylaws of the corporation.

#### ARTICLE XI

**DISTRIBUTIONS FROM CAPITAL SURPLUS:** The Board of Directors of the corporation may from time to time, distribute on a prorata basis to its shareholders out of the

capital surplus of the corporation, a portion of its assets in cash or property.

#### ARTICLE XII

**REPURCHASE OF SHARES:** The Board of Directors of the corporation may, from time to time, cause the corporation to purchase its own shares to the extent of the unreserved and unrestricted earned and capital surplus of the corporation.

#### ARTICLE XII

**INDEMNIFICATION OF OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS:** The corporation shall indemnify any person who incurs expenses by reason of the fact he or she is or was an officer, director, employee, or agent of the corporation. This indemnification shall be mandatory in all circumstances in which indemnification shall be permitted by law and as otherwise provided by the bylaws of the corporation.

IN WITNESS WHEREOF, we have hereunto set our hands this 28 day of August, 1985.

Carlton R. Simmons  
Carlton R. Simmons

S.A. Lansing  
S.A. Lansing

STATE OF ARIZONA      )  
                            )  
County of Maricopa    )

ss:

The foregoing instrument was subscribed to and acknowledged before me, the undersigned Notary Public, this 28 day of August, 1985 by Carlton R. Simmons and S.A. Lansing.

Marilyn Martinez  
Notary Public

My Commission expires:

July 1, 1986, 2010



DEC 1 4 2009

FILE NO. 0178579-1

**CERTIFICATE REGARDING  
AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF CHOICEPOINT POLICE RECORDS INC.**

ChoicePoint Police Records Inc., a corporation organized and existing under the laws of the State of Arizona, hereby certifies as follows:

1. The name of the corporation is ChoicePoint Police Records Inc. (the "Corporation").

2. Pursuant to Sections 10-1006 and 10-1007 of the Arizona Revised Statutes (the "A.R.S."), the form of Amended and Restated Articles of Incorporation of the Corporation set forth below amend and restate the Articles of Incorporation of the Corporation filed September 5, 1985 and amended July 26, 2002. Pursuant to Section 10-1003, of the A.R.S., these Amended and Restated Articles of Incorporation were duly adopted and recommended to the shareholders of the Corporation by the directors of the Corporation by written consent pursuant to Section 10-821 of the A.R.S. on December 7, 2009, and by the shareholders of the Corporation by written consent pursuant to Sections 10-704 and 10-1006 of the A.R.S. on December 7, 2009 by a number of votes sufficient for approval. The Corporation has a single voting group eligible to vote on the Amended and Restated Articles of Incorporation, consisting of 500 outstanding shares of common stock entitled to 500 votes and all such votes were cast in favor of the Amended and Restated Articles of Incorporation.

3. These Amended and Restated Articles of Incorporation of the Corporation shall become effective on January 1, 2010 at 12:01 a.m. Arizona time (the "Effective Time").

4. The Articles of Incorporation of the Corporation, at the Effective Time, are hereby amended and restated to read as follows:

**AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF LEXISNEXIS CLAIMS SOLUTIONS INC.**

**ARTICLE I**

**NAME**

The name of the corporation is "LexisNexis Claims Solutions Inc." (the "Corporation").

**ARTICLE II**

**ADDRESS AND REGISTERED AGENT**

The address of the principal office of the Corporation is 1000 Alderman Drive, Alpharetta, Georgia 30005. The mailing address of the Corporation is 2 Newton Place, Suite 350, Newton Massachusetts 02458-1637. The Registered Agent of the Corporation is C T Corporation System, located at 2394 East Camelback Road, Phoenix, Arizona 85016.

### ARTICLE III

#### INCORPORATORS

The names and addresses of the original incorporators of the Corporation were Carlton R. Simmons, 2224 W. Northern, Suite D-205, Phoenix, Arizona 85021; and S.A. Lansing, 2224 W. Northern, Suite D-205, Phoenix, Arizona 85021.

### ARTICLE IV

#### PURPOSE

The purpose for which the Corporation is organized is to engage in any lawful business for which corporations may be organized under Title 10 of the Arizona Revised Statutes.

### ARTICLE V

#### SHARES

The number of authorized shares of stock is 50,000 shares of common stock, \$1.00 par value per share.

### ARTICLE VI

#### DIRECTOR

The name and address of the sole director of the Corporation is James Peck, 1000 Alderman Drive, Alpharetta, Georgia 30006. Mr. Peck shall serve as director of the Corporation until a successor is elected and qualifies.

### ARTICLE VII

#### PERSONAL LIABILITY

A director shall have no personal liability for monetary damages to the Corporation or its shareholders for any action taken or any failure to take any action as a director, except liability for (i) the amount of a financial benefit received by a director to which the director is not entitled; (ii) an intentional infliction of harm on the Corporation or its shareholders; (iii) a violation of Section 10-833 of the Arizona Revised Statutes; or

(iv) an intentional violation of criminal law. Any amendment, modification or repeal of the foregoing sentence shall not adversely affect any right or protection of a director of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

## ARTICLE VIII

### AMENDMENTS

The Corporation reserves the right at any time, and from time to time, to amend, alter, change or repeal any provision contained in these Amended and Restated Articles of Incorporation, and other provisions authorized by the laws of the State of Arizona at the time in force may be added or inserted, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of any nature conferred upon shareholders, directors or any other persons by and pursuant to these Amended and Restated Articles of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this article.

IN WITNESS WHEREOF, the Corporation has caused these Amended and Restated Articles of Incorporation to be executed this 30<sup>th</sup> day of December, 2009, by a duly authorized officer.

LEXISNEXIS CLAIMS SOLUTIONS INC.

By: Renee Simonton  
Name: Renee Simonton  
Title: Vice President

**COMMISSIONERS**  
KRISTIN K. MAYES - Chairman  
GARY PIERCE  
PAUL NEWMAN  
SANDRA D. KENNEDY  
BOB STUMP



ARIZONA CORPORATION COMMISSION

ERNEST G. JOHNSON  
Executive Director  
JEFF GRANT  
Director  
Corporations Division

December 31, 2009

CT CORPORATION SYSTEM  
2394 E CAMELBACK RD  
PHOENIX, AZ 85016

RE: LEXISNEXIS CLAIMS SOLUTIONS INC.  
File Number: 01785791

We are pleased to notify you that your Amendment to Articles of Incorporation for the above-referenced corporation HAS BEEN APPROVED.

You must publish a copy of the Amendment. The publication must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of acceptable newspapers in each county is enclosed and is also posted on the Commission website. Publication must be completed WITHIN 60 DAYS after December 31, 2009, which is the date the document was approved for filing by the Commission. The corporation may be subject to administrative dissolution if it fails to publish. You will receive an Affidavit of Publication from the newspaper, and you may file it with the Commission.

We strongly recommend that you periodically monitor your corporation's record with the Commission, which can be viewed at [www.azcc.gov/divisions/corporations](http://www.azcc.gov/divisions/corporations). If you have questions or need further information, please contact us at (602) 542-3026 in Phoenix, or Toll Free (Arizona residents only) at 1-800-345-5819.

Sincerely,  
Lottie Hawkins  
Examiner, Corporations Division

CF:11  
REV. 01/2009

EXPEDITED  
AZ CORP COMMISSION  
FILED

2178579-1

JUL 26 2 18 PM '02

AMENDMENT  
DATE APR 12 2002  
TERM  
DATE

ARTICLES OF AMENDMENT

OF

LJS Report Service, Inc.

[Name of Corporation]

1. The name of the corporation is LJS Report Service, Inc.

2. Attached hereto as Exhibit A is the text of each amendment adopted.

3.  The amendment does not provide for an exchange, reclassification or cancellation of issued shares.

Exhibit A contains provisions for implementing the exchange, reclassification or cancellation of issued shares provided for therein.

The amendment provides for exchange, reclassification or cancellation of issued shares. Such actions will be implemented as follows:

4. The amendment was adopted the 1st day of July, 2002.

5.  The amendment was adopted by the  incorporators  board of directors without shareholder action and shareholder action was not required.

The amendment was approved by the shareholders. There is (are) \_\_\_\_\_ voting groups eligible to vote on the amendment. The designation of voting groups entitled to vote separately on the amendment, the number of votes in each, the number of votes represented at the meeting at which the amendment was adopted and the votes cast for and against the amendment were as follows:

The voting group consisting of \_\_\_\_\_ outstanding shares of \_\_\_\_\_ [class or series] stock is entitled to \_\_\_\_\_ votes. There were \_\_\_\_\_ votes present at the meeting. The voting group cast \_\_\_\_\_ votes for and \_\_\_\_\_ votes against approval of the amendment. The number of votes cast for approval of the amendment was sufficient for approval by the voting group.

The voting group consisting of \_\_\_\_\_ outstanding shares of \_\_\_\_\_ [class or series] stock is entitled to \_\_\_\_\_ votes. There were \_\_\_\_\_ votes present at the meeting. The voting group cast \_\_\_\_\_ votes for and \_\_\_\_\_ votes against approval of the amendment. The number of votes cast for approval of the amendment was sufficient for approval by the voting group.

DATED as of this 25 day of July, 2002.

L&S Report Service, Inc.

[name of corporation]

By Mary M. Young

Mary M. Young

[name]

Assistant Secretary

[title]

**Attachment A**

The following constitutes a true and correct copy of resolutions adopted by the Board of Directors of L&S Report Service, Inc. by unanimous written consent dated July 1, 2002, and that such resolutions have not been amended, modified or rescinded and is in full force and effect as of the date hereof:

**RESOLVED**, that Article I of the Articles of Incorporation be amended in its entirety so it shall read as follows:

"I. The name of the Corporation is:

**ChoicePoint Police Records Inc.**"



## Gwinnett County Licensing and Revenue

446 W. Crogan Street - Suite 125  
Lawrenceville, GA 30046

2017

NOT  
TRANSFERABLE

**DISPLAY THIS CERTIFICATE AT BUSINESS LOCATION FOR PUBLIC VIEW**

Date Issued:	January 24, 2017	Certificate Number:	2017175412
Expires:	March 31, 2018	Fee:	\$1,348.53
Business Name:	LEXISNEXIS CLAIMS SOLUTIONS INC		
Description:	All Other Insurance Related Activities		

MAIL TO:

LEXISNEXIS CLAIMS SOLUTIONS INC  
C/O LEXISNEXIS CLAIMS SOLUTIONS INC  
313 WASHINGTON ST STE 400  
NEWTON MA 02458-1626

Business Location  
2885 BRECKINRIDGE BLVD  
SUITE 400  
DULUTH GA 30096-7608

**Only valid at this location and when location conforms to Gwinnett County Ordinance**

## **Vehicle/Vessel On-line Access Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

**13a** *Renewal*

Company/Agency name <b>Seattle Motorsports Inc</b>		Website <b>aliceadventuremotorsports</b>	
Contact name, Primary applicant and contract manager <b>Scott McMillan</b>		(Area code) Telephone number <b>360 805-5550</b>	
Contact name 2 (if applicable) <b>Alice Hawkins</b>		(Area code) Telephone number <b>360 805-5550</b>	
Physical address of business (number and street) <b>320 N. Lewis St.</b>			
City <b>Monroe</b>		State <b>WA</b>	ZIP code <b>98272</b>
Mailing address of business (if different) <b>500</b>			
City <b>Monroe</b>		State <b>WA</b>	ZIP code <b>98272</b>
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN) <b>602 319 853</b>	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>Retail sales of motorcycles, ATVs, SXS, snowmobiles parts and service</b>			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**trade-in verification of ownership only  
Will not contact the vehicle/vessel owner.**

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

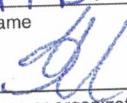
**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Scott McMillan  
PRINT or TYPE Name

X   
Signature of business or organization representative

10/19/17 Snohomish Co  
Date and place (county) signed

Authorities:  
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## **Vehicle/Vessel On-line Access Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**

**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

**13a**

Company/Agency name <b>FalCorp, Ltd</b>		Website	
Contact name. Primary applicant and contract manager <b>Robert C Zornes</b>		(Area code) Telephone number <b>3607108300</b>	
Email (required) <b>bob@falconcorp.com</b>			
Contact name 2 (if applicable)		(Area code) Telephone number	
		Email (required)	
Physical address of business (number and street) <b>6055 Seabeck Hwy NW</b>			
City <b>Bremerton</b>		State <b>WA</b>	
ZIP code <b>98312</b>			
Mailing address of business (if different) <b>PO Box 220</b>			
City <b>Silverdale</b>		State <b>WA</b>	
ZIP code <b>98383</b>		ZIP code <b>98383</b>	
<b>Provide one of these identifiers</b>	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<b>6d</b>			
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Service of legal process			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

If located, I will be serving the documents on the person for whom I sought the licensing information

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Robert C Zornes

PRINT or TYPE Name

X Robert C. Zornes

Signature of business or organization representative

August 16, 2017 Kitsap

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

MyDOR will not be available 8:00PM Tuesday August 15, 2017 - 6:00PM Wednesday August 16, 2017. Profit corporation and LLC annual reports will not be available during those times. Thank you for your patience.

X

**FALCORP, LTD.**

UBI Number	601559863
Category	REG
Profit/Nonprofit	Profit
Active/Inactive	Active
State Of Incorporation	WA
WA Filing Date	07/19/1994
Expiration Date	07/31/2018
Duration	Perpetual
<b>Registered Agent Information</b>	
Agent Name	ROBERT C ZORNES
Address	6055 SEABECK HWY NW
City	BREMERTON
State	WA
ZIP	983129513
<b>Special Address Information</b>	
Address	PO BOX 220
City	SILVERDALE
State	WA
Zip	983830220

**Governing Persons (as defined in RCW 23.95.105 (12) (<http://app.leg.wa.gov/RCW/supdefault.aspx?cite=23.95.105>))**

Title	Name
Governor	ZORNES, ROBERT



## License Information:

Entity name: FALCORP, LTD.

Business name:

Entity type: Profit Corporation

UBI: 601-559-863

Location: None

Status: To check the status of this company, go to the  
 Department of Revenue  
 Secretary of State

## Secretary of State Information

Business name: FALCORP, LTD.

UBI: 601-559-863

Category: REG

Profit/Nonprofit: Profit

Active/Inactive: Active

State of incorporation: WA

WA filing date: 07/19/1994

Expiration date: 07/31/2018

Inactive date:

Duration: Perpetual

## Registered Agent Information

Agent name: ROBERT C ZORNES

Address: 6055 SEABECK HWY NW  
BREMERTON, WA 983129513

## Special Address Information

Address: PO BOX 220  
SILVERDALE, WA 983830220

## Governing Persons

## Filter

Name	Title	Address
ZORNES, ROBERT	Governor	

Governing People May include governing people not registered with SOS

Governing people

ZORNES, ROBERT

Information current

## Contact us

Your Privacy

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1500 East Fourth Plain Blvd.  
Vancouver, WA 98661  
360-750-0929 360-750-4761 (Fax)

**Protective Security  
Investigations**

# Fax

**To:** Public Disclosure/WA DOL      **From:** Gary Rice  
**Fax:** 3605707895      **Pages:** 8  
**Phone:** 360-359-4001      **Date:** 6/1/2017  
**Re:** IVIPS Renewal, Acct# **13a**      **CC:** File

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

**Comments:**

Here is the renewal information for the year. I have enclosed the completed application and supplied copies of my licenses, business license, Legal Entity Registration as well as my receipts for my renewals for my licenses and LLC.

If you have any questions, please contact me at 360-750-0929.

Thanks

Gary

Faxed to DOL  
6/1/2017  
600 now



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
ivips@dol.wa.gov  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895  
**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

**13a**

If you currently have an IVIPS number, enter it here

Company/Agency name Protective Security Investigations, Inc		Website <a href="http://www.psi-investigators.com">www.psi-investigators.com</a>	
Contact name, Primary applicant and contract manager Gary E. Rice	(Area code) Telephone number (360) 750-0929	Email (required) <a href="mailto:garyrice@worldaccessnet.com">garyrice@worldaccessnet.com</a>	
Contact name 2 (if applicable) Summer Rice	(Area code) Telephone number (360) 750-0929	Email (required) <a href="mailto:summer4400@gmail.com">summer4400@gmail.com</a>	
Physical address of business (number and street) 1500 East Fourth Plain Blvd			
City Vancouver		State WA	ZIP code 98661
Mailing address of business (if different) N/A			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601-474-060
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a full service private investigation agency that provides criminal investigations to the Clark County Court System, civil investigations for law firms and individual attorney's regarding civil law suits and torts. We also deliver service of process.</p>			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not personally contact the owner for any purpose. We will provide the legal and registered information on any vehicle when it is needed for the court, prosecutor's office, or a defense attorney and/or attorney involved in a legal proceeding regarding that specific record.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

06/01/2017, Clark County WA.

Date and place (county) signed

Gary E. Rice

PRINT or TYPE Name

X

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
 Washington Administrative Code (WAC) 308-10-075, 308-93-087

STATE OF OREGON  
Department of Public Safety Standards and Training

Private Investigator

Gary Rice

PURSUANT TO ORS 703.010-703.895

PI-ID 00083

EXPIRES 9/12/2018



Eriks J. Gabliks, Director

STATE OF WASHINGTON  
UNARMED PRIVATE INVESTIGATOR  
PRINCIPAL, CERTIFIED TRAINER

PROTECTIVE SECURITY INVEST  
GARY E RICE  
1500 E FOURTH PLAIN BLVD  
VANCOUVER WA 98661

1717  
License Number

07/31/2017  
Expiration Date

*Pat Kohler*  
Pat Kohler, Director

STATE OF WASHINGTON  
UNARMED PRIVATE INVESTIGATOR  
PRINCIPAL, CERTIFIED TRAINER

PROTECTIVE SECURITY INVEST  
GARY E RICE  
1500 E FOURTH PLAIN BLVD  
VANCOUVER WA 98661

1717  
License Number      06/30/2017  
Expiration Date

*Pat Kohler*  
Pat Kohler, Director

STATE OF WASHINGTON  
UNARMED PRIVATE INVESTIGATOR  
PRINCIPAL, CERTIFIED TRAINER

PROTECTIVE SECURITY INVEST  
GARY E RICE  
1500 E FOURTH PLAIN BLVD  
VANCOUVER WA 98661

1717  
License Number      07/31/2017  
Expiration Date

*Pat Kohler*  
Pat Kohler, Director



STATE OF  
WASHINGTON

Office of the Secretary of State  
Corporations Division

## LEGAL ENTITY REGISTRATION

PROTECTIVE SECURITY INVESTIGATIONS, INC.  
1500 E 4TH PLAIN BLVD  
VANCOUVER, WA 98661

Unified Business ID #: 601474060

Expiration: Jun-30-2017

Domestic Profit Corporation

Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

A handwritten signature of Kim Wyman.

Secretary of State

STATE OF  
WASHINGTON

## BUSINESS LICENSE

Corporation

PROTECTIVE SECURITY INVESTIGATIONS, INC.  
PSI/INTERSTATE SECURITY PATROL  
1500 E FOURTH PLAIN BLVD  
VANCOUVER, WA 98661-3752

Unified Business ID #: 601474060

Business ID #: 001

Location: 0001

Expires: Jun 30, 2017

PRIVATE INVESTIGATIVE AGENCY #393  
INDUSTRIAL INSURANCE

UNEMPLOYMENT INSURANCE  
TAX REGISTRATION

PRIVATE INVESTIGATIVE AGENCY PRINCIPAL: RICE, GARYE  
CITY ENDORSEMENTS:  
VANCOUVER GENERAL BUSINESS

## LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in black ink that reads "Vicki Smith".

Vicki Smith  
Director, Department of Revenue

6/1/2017

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Home » Annual Report » Confirmation

### Confirmation

Thank you for submitting your Annual Report. Your confirmation is 0-001-226-296

Below is information from your annual report:

Filing Date and Time	6/1/2017 2:39:48 PM
Legal Entity Name	PROTECTIVE SECURITY INVESTIGATIONS, INC.
UBI	601-474-060
Physical/Mailing Address	1500 E FOURTH PLAIN BLVD VANCOUVER WA 98661-3752
Payment Method	ACH Debit/E-Check
Payment Amount	\$71.00

Give us your feedback

For easy reference, you can print this page and retain it with your records.

Check the status of your request from the Activity tab.

[Printable Version \(PDF\)](#)

3/1

Contact us.

[Your Privacy](#) | [Access Agreement](#)  
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Washington™

6/1/2017

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Home » License Renewal » Confirmation

### Confirmation

Your request has been submitted and your confirmation number is 0-001-203-251

Below is information from your renewal

**Filing Date and Time** 6/1/2017 2:43:30 PM

**Legal Entity Name** PROTECTIVE SECURITY INVESTIGATIONS, INC.

**Location Name** PSI/INTERSTATE SECURITY PATROL

**Account number** 601474060-001-0001

**Physical Address** 1500 E FOURTH PLAIN BLVD VANCOUVER WA 98661-3752

**Mailing Address** 1500 E FOURTH PLAIN BLVD VANCOUVER WA 98661-3752

**Payment Method** ACH Debit/E-Check

**Payment Amount** \$646.00

Give us your feedback

For easy reference, you can print this page and retain it with your records.

Check the status of your request from the [Activity](#) tab.

[Printable Receipt \(PDF\)](#)

Get help

Contact us.

[Your Privacy](#) | [Access Agreement](#)

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Fax Log for  
PSI  
360-750-4761  
Jun 01 2017 3:15PM

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Last Transaction

Date	Time	Type	Station ID	Duration	Pages	Result
Digital Fax						
Jun 1	3:11PM	Fax Sent	13605707895	4:11 N/A	8	OK

**RECORDS RESEARCH, INC.**

11230 Gold Express DR, #310-373, Gold River, CA 95670-4484

PHONE: 800-952-5766 or 916-853-2128

**FAX COVER SHEET**DATE: AUG 17, 2017COMPANY: WASHINGTON DEPARTMENT OF LICENSINGTO: VEHICLE RECORD DISCLOSURE UNITFAX NUMBER: 360-570-7895FROM: LOUISE GARLICKNUMBER OF PAGES (EXCLUDING THIS PAGE): 5COMMENTS: ENCLOSED IS THE COMPLETED VEHICLE/VESSEL ON-LINE ACCESSCONTRACT APPLICATION FOR RECORDS RESERCH INC. THIS IS A RENEWALAPPLICATION AS RECORDS RESEARCH HAS MAINTAINED AN ACCOUNT WITH THESTATE OF WASHINGTON SINCE 2011. I WOULD APPRECIATE IT IF YOU COULDREVIEW THIS APPLICATION AT YOUR EARLIEST CONVENIENCE AS WE WERE JUSTINFORMED THAT OUR CURRENT ACCOUNT HAS EXPIRED.THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.IF YOU NEED TO REPLY:      VOICE: 1-800-952-5766 or 916-853-2128  
                                  FAX: 1-800-870-6877 or 916-853-2128

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATIONS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.



## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**

**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

**13a**

If you currently have a CPS number, enter it here

Company/Agency name <b>RECORDS RESEARCH INC.</b>	Website <a href="http://www.recordsresearch.com">www.recordsresearch.com</a>		
Contact name, Primary applicant and contract manager <b>LOUISE GARLICK</b>	(Area code) Telephone number <b>800 - 952 - 5766</b>		
Contact name 2 (if applicable)	(Area code) Telephone number		
Physical address of business (number and street) <b>11344 COLOMA ROAD #490</b>			
City <b>GOLD RIVER</b>	State <b>CA</b>	ZIP code <b>95670</b>	
Mailing address of business (if different) <b>11230 GOLD EXPRESS DRIVE SUITE 310 - 373</b>		ZIP code	
City <b>GOLD RIVER</b>	State <b>CA</b>	ZIP code <b>95670</b>	
Provide one of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
<p><i>SEE ATTACHED STATEMENT</i></p>			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

*SEE ATTACHED STATEMENT*

TO: Washington State Department of Licensing  
Vehicle/Vessel Contract Application

From: Records Research, Inc.

Records Research, Inc. is a California corporation located in Gold River, California. Founded in 1981, our sole business is to serve as a third party agent for the purpose of providing driving and vehicle record information to our clients entitled to receive this information by law. Washington vehicle records are only requested for Insurance Companies. They require these records for insurance claim investigations, anti-fraud investigations, and the rating or underwriting of insurance policies.

Vehicle/Vessel records obtained from the state of Washington are only provided to the Insurance Company that requested the information. At this time we provide this service to three Insurance Companies that are listed on your Subscriber Roster (attached).

Records Research clients must provide detailed company information including incorporation number, tax ID, and business license documents. All requests must include the legitimate business need under the DPPA. Clients must maintain a log that includes the date of request, company name, name of requester, time ordered, for what purpose, and the disposition of the record. This log must be maintained for 5 years for audit purposes.

Records are returned to our clients through our secure internal computer system. Clients must log on with an account number, company number, personal ID number, and password. Passwords must be changed a minimum of every 60 days.

Records Research never contacts the vehicle/vessel owner.

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name <b>Infinity Auto Insurance</b>	Contact name <b>Paula Perez</b>	Email	(Area code) Phone number <b>(562)653-2239</b>
	Address, City, State, Zip code <b>13340 183rd St. #100 Cerritos, CA 90703</b>		Subscriber's permissible use <b>for customer quotes and Insurance Writting for customers</b>	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name <b>Allied Group Insurance</b>	Contact name <b>Karen Joseph</b>	Email	(Area code) Phone number <b>(916)900-5934</b>
	Address, City, State, Zip code <b>1601 Exposition Blvd. Sacramento, CA 95815</b>		Subscriber's permissible use <b>for Insurance quotes and policy Writting</b>	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3	Legal business name <b>Nationwide Mutual Insurance</b>	Contact name <b>Michael Williams</b>	Email	(Area code) Phone number <b>(614)249-60394</b>
	Address, City, State, Zip code <b>1 Nationwide Plaza, Columbus, OH 43215</b>		Subscriber's permissible use <b>for Insurance quotes and policy Writting</b>	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Address, City, State, Zip code		Subscriber's permissible use	
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**Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.**



## County of Sacramento General Business License



**RECORDS RESEARCH INC**

**RECORDS RESEARCH INC**

**PMB: 310**

**11230 GOLD EXPRESS DR #373  
GOLD RIVER, CA 95670**

**License Number: GNB32010-49622      Expiration Date: December 01, 2019**

**Issue Date: December 13, 2010**

**Owner Name: RECORDS RESEARCH INC**

**Business Name: RECORDS RESEARCH INC**

**Location: 11344 COLOMA RD #490  
GOLD RIVER, CA 95670**

**Business Activities: DATA SERVICES**

This License is approved with the following conditions. Failure to comply with the following conditions may result in revocation of this license and civil or criminal penalties.

SEE THE ENCLOSED NOTIFICATION OF POTENTIALLY APPLICABLE CODES AND ORDINANCES. LICENSEE SHALL ABIDE BY ALL APPLICABLE COUNTY REGULATIONS, STATE AND FEDERAL LAWS. SIGNAGE ONLY ALLOWED ON 50% OF ANY WINDOW PANE. OFFICE USES ONLY.

**License not transferable. Not Valid at any other location.  
Post in public view in a conspicuous place.**

**Ben Lamera  
Director of Finance**

Department of Finance, Tax Collection and Licensing  
700 H Street, Room 1710, Sacramento, California 95814  
phone (916) 874-6644 | fax (916) 874-8909 | [www.finance.saccounty.net](http://www.finance.saccounty.net)

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- ✓ • **Business outside Washington State** – Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

*Louise Garlick*

PRINT or TYPE Name

8-17-2017 SACRAMENTO County X Louise Garlick, President

Date and place (county) signed

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



Click here to START or CLEAR, then hit the TAB button

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)**cps@dol.wa.gov**

Print and scan or upgrade to

**Adobe Reader XI** or above to fill it in  
and save it.**Mail**Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.****Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

**13a**

Company/Agency name <b>TOYOTA SCION OF GLADSTONE</b>		Website <b>TOYOTAOFGLADSTONE.COM</b>	
Contact name. Primary applicant and contract manager <b>CHERYL ELLIOTT</b>	(Area code) Telephone number <b>5037232317</b>	Email (required) <b>CELLIOTT@TOYOTAOFGLADST.</b>	
Contact name 2 (if applicable) <b>ANGELA VIOL</b>	(Area code) Telephone number <b>503.723.4854</b>	Email (required) <b>AVIOL@TOYOTAOFGLADSTONE</b>	
Physical address of business (number and street) <b>19375 SE MCLOUGHLIN BLVD</b>			
City <b>GLADSTONE</b>		State <b>OR</b>	ZIP code <b>97027</b>
Mailing address of business (if different) <b>PO BOX 68239</b>			
City <b>PORTLAND</b>		State <b>OR</b>	ZIP code <b>97268</b>
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<b>6d</b>			
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>SELLING AND PURCHASING NEW/USED VEHICLES</b>			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**WE WILL CONTACT THE OWNER BY MAIL, PHONE, OR EMAIL. ONLY IF THE INFORMATION THAT IS DISCLOSED BY THE OWNER DIFFERS FROM THE RECORD. (IE: NEEDING A LIEN RELEASE, OR A RELEASE FROM ANOTHER LEGAL OWNER ON RECORD).**

**WE WILL NOT DISCLOSE ANY FINDINGS TO A 3RD PARTY.**

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

CHERYL ELLIOTT

PRINT or TYPE Name



When you have completed this form, please print it out and sign here.

10.13.17 CLACKAMAS CO. ORE.

Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
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**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

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In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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## **Vehicle/Vessel On-line Access Contract Application-CPS**

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Print and scan or upgrade to  
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Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

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If you currently have a CPS number, enter it here

**13a**

Company/Agency name <i>Farmers Insurance Company</i>		Website	
Contact name, Primary applicant and contract manager <i>Carla Hill</i>	(Area code) Telephone number <i>206-212-5614</i>	Email (required) <i>Carla.hill@farmersinsurance.com</i>	
Contact name 2 (if applicable) <i>Robert Pearsall</i>	(Area code) Telephone number <i>253-677-3824</i>	Email (required) <i>Robert.pearsall@farmersinsurance.com</i>	
Physical address of business (number and street) <i>32125 532nd Ave, Suite 200</i>			
City <i>Federal Way</i>		State <i>WA</i>	
ZIP code <i>98001</i>			
Mailing address of business (if different)			
City		State	
State		ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).  <i>Identify customers when a covered loss occurs for liability, comprehensive, &amp; collision claims.</i>			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

*no*

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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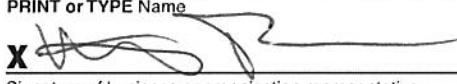
**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

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  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

7/31/17 - KJNB  
Date and place (county) signed

ROBERT PEARSON  
PRINT or TYPE Name  
  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
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- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

No. 893

## Certificate of Authority

STATE OF WASHINGTON  
INSURANCE COMMISSIONER  
OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

FARMERS INSURANCE COMPANY OF WASHINGTON

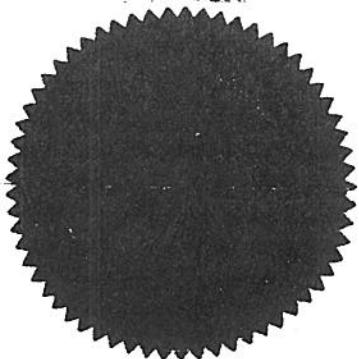
of SEATTLE, WASHINGTON, organized under the  
laws of WASHINGTON, having presented satisfactory evidence  
of compliance, this Certificate of Authority is hereby granted, authorizing the company to  
transact the following classes of insurance:

DISABILITY  
PROPERTY  
MARINE & TRANSPORTATION  
GENERAL CASUALTY  
SURETY

subject to all provisions of this Certificate as such classes are now or may hereafter be defined  
in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter  
being in full compliance with all, and not in violation of any, of the applicable laws and lawful  
requirements made under authority of the laws of the State of Washington as long as such laws  
or requirements are in effect and applicable, and as such laws and requirements now are, or  
may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 28TH day  
of JULY, 19 70, I have hereunto set my hand  
and caused my official seal to be affixed this 28TH day of  
JULY, 19 70.

  
  
Insurance Commissioner

By \_\_\_\_\_  
Chief Deputy

## **Vehicle/Vessel On-line Access Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**
**cps@dol.wa.gov**

Print and scan or upgrade to

 Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

 If you currently have a CPS number, enter it here **6d** \_\_\_\_\_

Company/Agency name Jeffers, Danielson, Sonn & Aylward, P.S.		Website <a href="http://jdsalaw.com">jdsalaw.com</a>
Contact name, Primary applicant and contract manager Peter A. Spadoni	(Area code) Telephone number (509)662-3685	Email (required) <a href="mailto:peters@jdsalaw.com">peters@jdsalaw.com</a>
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)

 Physical address of business (number and street)  
2600 Chester Kimm Road

City Wenatchee	State WA	ZIP code 98801
-------------------	-------------	-------------------

 Mailing address of business (if different)  
P.O. Box 1688

City Wenatchee	State WA	ZIP code 98807-1688
-------------------	-------------	------------------------

 Provide one of  
these identifiers

Taxpayer Identification Number (TIN) \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_

WA Unified Business Identifier (UBI) \_\_\_\_\_

**6d**

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Law firm which, among other matters, is involved in the transfer of manufactured homes and vehicles.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

We will disclose the results of the information obtained to our clients and the attorneys within Jeffers, Danielson working for the client to verify title information when involved in a transaction on the client's behalf.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners—RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

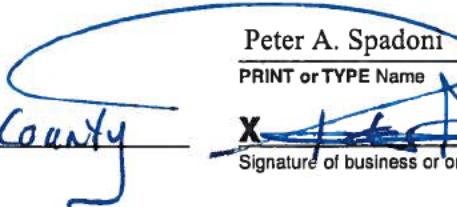
Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

  
Peter A. Spadoni  
PRINT or TYPE Name  
  
X   
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



**City of Wenatchee**  
129 S. Chelan Ave., Wenatchee, WA 98801-2975  
P.O. Box 519, Wenatchee, WA 98807-0519  
(509) 888-6229

**BUSINESS LICENSE**

JEFFERS-DANIELSON-SONN-AYLWARD  
2600 CHESTER KIMM RD  
WENATCHEE, WA 98801-8116

THIS CERTIFIES that the business or individual listed below is hereby licensed to do business within the **CITY OF WENATCHEE**.

JEFFERS-DANIELSON-SONN-AYLWA  
RD  
PO BOX 1688  
WENATCHEE, WA 98807-1688

**Expiration Date:**  
**12/28/2017**

DATE ISSUED	LICENSE NUMBER
12/29/2016	975949
SIC Code Description	SALES TAX CODE
SER LEGAL SERVICES	<b>0405</b>

FINANCE DEPARTMENT

This license is to be displayed conspicuously at the location of business, and is not transferable or assignable.



Legal Directory » Legal Profile

Legal  
Directory

Search in:

Legal  
DirectoryDiscipline  
Notices

## Peter Anthony Spadoni

**License Number:** 11390  
**License Type:** Lawyer  
**Eligible To Practice:** Yes  
**License Status:** Active  
**WSBA Admit Date:** 12/29/1980  
**First Admit Date in USA:** 12/29/1980

### Contact Information

[Back to top](#)

**Public/Mailing Address:** Jeffers Danielson Sonn & Aylward PS  
 2600 Chester Kimm Rd  
 Wenatchee, WA 98801-8116  
 United States  
**Email:** [PeterS@jdsalaw.com](mailto:PeterS@jdsalaw.com)  
**Phone:** (509) 662-3685  
**Fax:** (509) 662-2452  
**Website:**  
**TDD:**

### Practice Information Identified by Legal Professional

[Back to top](#)

**Firm or Employer:** Jeffers Danielson Sonn & Aylward PS  
**Office Type and Size:** 21-35 Lawyers in Firm  
**Practice Areas:** Agricultural, Business/ Commercial, Estate Planning/  
 Probate/ Wills, General, Tax  
**Languages Other Than English:** None Specified

### Professional Liability Insurance

[Back to top](#)

**Private Practice:** Yes  
**Has Insurance?** Yes - [Click for more info](#)  
**Last Updated:** 11/21/2016 11:50:53 AM

### Committees

[Back to top](#)

**Member of these committees/boards/panels:**  
 None

### Disciplinary History

No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

In some cases, discipline search results will not reveal all disciplinary action relating to a Washington licensed legal professional, and may not display links to the official decision documents.

[Disclaimer +](#)

## Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

cps@dol.wa.gov

Print and scan or upgrade to

 Adobe Reader XI or above to fill it in  
and save it.

**Mail**

 Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Do not use this form for personal or individual record requests.**  
**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Snyder Investigations LLC</b>		Website	
Contact name, Primary applicant and contract manager <b>Michael Snyder</b>		(Area code) Telephone number <b>503-954-2133</b>	
Email (required) <b>msnyderinvestigations@gmail.com</b>			
Contact name 2 (if applicable)		(Area code) Telephone number	
		Email (required)	
Physical address of business (number and street) <b>3404 SE 51st Ave.</b>			
City <b>Portland</b>		State <b>OR</b>	ZIP code <b>97206</b>
Mailing address of business (if different)			
City		State	ZIP code
<b>Provide one of these identifiers</b>	<b>Taxpayer Identification Number (TIN)</b>	<b>Employer Identification Number (EIN)</b>	<b>WA Unified Business Identifier (UBI)</b>
<b>6d</b>			
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).			
Private investigative services, locating contact information for Washington residents for civil matters (interviewing, serve subpoenas, asset searches, etc.).			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. See above. Contact with the owner will occur by phone or mail and may be shared with a civil law attorney.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

*Michael Snyder*  
PRINT or TYPE Name  
 *Michael Snyder*  
Signature of business or organization representative

7/28/2017 Multnomah Co.

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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[cps@dol.wa.gov](mailto:cps@dol.wa.gov)

Print and scan or upgrade to

Adobe Reader XI or above to fill it in  
and save it.

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

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If you currently have a CPS number, enter it here

**13a**

Company/Agency name <b>Kitsap Security and Investigations</b>		Website <b>kitsapssecurity.us</b>	
Contact name, Primary applicant and contract manager <b>Brett E. Hamilton</b>	(Area code) Telephone number <b>360-731-8966</b>	Email (required) <b>brett@kitsapssecurity.us</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>700 Prospect St. STE 202</b>			
City <b>Port Orchard</b>	State <b>WA</b>	ZIP code <b>98366</b>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <b>602 123 189</b>
Answer the following			
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>A Large part of my business is Bail/Bond recovery. As a licensed Bail Bond Recovery Agent, it's imperative to conduct investigations into the whereabouts of Criminal defendants. I also serve Legal documents as a process Server requiring access. I'm a Private Investigator as well.</i>			

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

*I will not furnish any results of my searches to anyone.*

**Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)****Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.**

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact [cps@dol.wa.gov](mailto:cps@dol.wa.gov) to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**CPS RECORD FEES:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

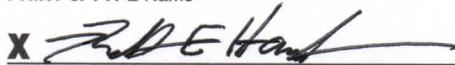
**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Brett E. Hamilton

PRINT or TYPE Name

X

Signature of business or organization representative

07/12/17

Date and place (county) signed

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

# STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION



THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A

PRIVATE SECURITY GUARD COMPANY

KITSAP SECURITY AND INVESTIGAT  
700 PROSPECT ST - STE 202  
PORT ORCHARD WA 98366

980  
License Number

04/16/2014  
Issued Date

04/16/2018  
Expiration Date

*Pat Kohler*  
Pat Kohler, Director

PL-630-160 (R/3/16)

# STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION



THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A

ARMED PRIVATE SECURITY GUARD  
PRINCIPAL, CERTIFIED TRAINER

KITSAP SECURITY AND INVESTIGAT  
BRETT E HAMILTON  
700 PROSPECT ST - STE 202  
PORT ORCHARD WA 98366

91113  
License Number

04/16/2014  
Issued Date

04/16/2018  
Expiration Date

Licensee Released -

Termination Date   /  /  

*Pat Kohler*  
Pat Kohler, Director

PL-630-159 (R/3/16)

## **Vehicle/Vessel On-line Access Contract Application-IVIPS**

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

[ivips@dol.wa.gov](mailto:ivips@dol.wa.gov)

 Print and scan or upgrade to  
**Adobe Reader XI** or above

**Mail**

 Vehicle Records Disclosure Unit  
 Department of Licensing  
 PO Box 2957  
 Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

**Do not use this form for personal or individual record requests.**

**Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](https://dol.wa.gov/forms/formspd.html)**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here WLA

Company/Agency name Umpqua Bank		Website <a href="https://www.umpquabank.com">https://www.umpquabank.com</a>
Contact name, Primary applicant and contract manager Amy Friemel	(Area code) Telephone number (509) 842-1876	Email (required) <a href="mailto:AmyFriemel@UmpquaBank.com">AmyFriemel@UmpquaBank.com</a>
Contact name 2 (if applicable) Christine Travis	(Area code) Telephone number (509) 842-1862	Email (required) <a href="mailto:ChristineTravis@UmpquaBank.com">ChristineTravis@UmpquaBank.com</a>

Physical address of business (number and street) 707 W Main Ave 6th Floor		
City Spokane	State WA	ZIP code 99201

Mailing address of business (if different) <i>PO Box 2131</i>		
City <i>Spokane</i>	State <i>WA</i>	ZIP code <i>99210</i>

Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN) <b>6d</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
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Answer the following  
 Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Umpqua Bank provides deposit and loan accounts to consumer and business customers. We would utilize this program to check lienholder status to ensure Umpqua Bank is listed as lienholder for all titled vehicles in our WA portfolio. As Umpqua Bank has acquired/merged with several financial institutions, we have a portion of our portfolio that needs to have lienholder and registered owner(s) verified.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

Contact with the borrower will only be made if Umpqua Bank is not listed as lienholder and additional documentation is needed for us to secure our interest in the collateral. Information provided from the WA DOL will not be disclosed as the customer contractually is required to have Umpqua Bank listed as lienholder until the loan has been paid in full.

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>2</b>	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>3</b>	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>4</b>	Legal business name		
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information			
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

April 28<sup>th</sup>, 2017 Spokane, WA

Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

*Kris Robbins*

**UMPQUA BANK**

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**UMPQUA BANK**

UBI #	602192085
Status	ACTIVE
Category	Bank
Type	Profit
Duration	Perpetual
State of Incorporation	OR
Expiration Date	08/31/2017
Filing Date	08/19/2009
Alternate Address	UMPQUA BANK - LEGAL DEPT 111 NORTH WALL ST SPOKANE, WA 99201-0000
Registered Agent	

**Governing Persons (as defined in RCW 23.95.105 (12))**

ADDITIONAL NAMES ON FILE, \*

Governor

DAVIS, RAYMOND P P

Governor

BRANDENBURG, JOEL

Governor

FARNSWORTH JR, RONALD L L

Governor

HAYWARD, LANI

Governor

NEAL, GARY F F

Governor

**Governing Persons Address Information**

Governing person addresses are not available for the following entity types: WA Association under Fish Marketing Act, Miscellaneous and Mutual, Public Benefit Corporation, Non-profit Corporation, Non-Profit Professional Service Corporation, Bank Corporation, Limited Liability Company, Professional Limited Liability Company, Unregistered Corporation, Limited Liability Partnership, Corporation Sole, Credit Union, Fraternal Building Association, Fraternal Society, Grange, Military Corporation, Savings and Loan Association, Joint Municipal Utility Service, Limited Partnership, Insurance Company, Limited Liability Limited Partnership.

**UMPQUA BANK**

UBI Number	602192085
Category	BNK
Active/Inactive	Active
State Of Incorporation	OR
WA Filing Date	08/19/2009
Expiration Date	08/31/2017
Inactive Date	
Duration	Perpetual
Registered Agent Information	
Agent Name	
Address	
City	
State	
ZIP	
Special Address Information	
Address	UMPQUA BANK - LEGAL DEPT 111 NORTH WALL ST
City	SPOKANE
State	WA
Zip	992010000

Governing Persons (as defined in RCW 23.95.105(12) (<http://app.leg.wa.gov/RCW/supdefault.aspx?cite=23.95.105>))

Title	Name	Address
Governor	ADDITIONAL NAMES ON FILE, *	,
Governor	DAVIS, RAYMOND P	,
Governor	BRANDENBURG, JOEL	,
Governor	FARNSWORTH JR, RONALD L	,
Governor	HAYWARD, LANI	,
Governor	NEAL, GARY F	,



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Print and scan or upgrade to  
Adobe Reader XI or above)

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Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

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If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name E. G. Motors, LLC		Website	
Contact name, Primary applicant and contract manager Efrain Garibay	(Area code) Telephone number (253) 333-6941	Email (required) Egmotorsllc@aol.com	
Contact name 2 (if applicable) Cathryn Garibay	(Area code) Telephone number (253) 333-6941	Email (required) Egmotorsllc@aol.com	
Physical address of business (number and street) 3409 C St NE #10			
City Auburn		State WA	ZIP code 98002
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602464195
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Automotive Repair Shop. We do basic repairs on automotive vehicles. Records will be used to verify accuracy of personal info submitted by client or to obtain correct info, if info submitted by client is incorrect.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Owners will be contacted for the purpose of preventing fraud by, pursuing legal remedies against, or recovering a debt or security interest against, the individual.			

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Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

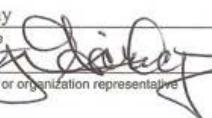
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  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

04/10/2017 King  
Date and place (county) signed

Cathryn Garibay  
PRINT OR TYPE Name  
  
Signature of business or organization representative

Authorities:  
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF  
WASHINGTON

Office of the Secretary of State  
Corporations Division

## LEGAL ENTITY REGISTRATION

E.G. MOTORS, LLC  
3409 C ST NE STE 10  
AUBURN, WA 98002-1748

Unified Business ID #: 602464195

Expiration: Jan-31-2018

Domestic Limited Liability Company  
Renewed by Authority of Secretary of State

By accepting this document the recipient certifies that information provided on the annual report was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

The signature of Kim Wyman, Secretary of State of Washington.

Secretary of State

Redactions have been made as appropriate per statute and are noted below.

EXEMPTION #	EXEMPTION	EXEMPTION EXPLAINED
<b>6d</b>	5 RCW 42.56.230(4); 42 U.S.C. § 405(c) (2) (C) (viii) (I); RCW 42.56.070(1). Personal Information	RCW 42.56.230(4); 42 U.S.C. § 405(c) (2) (C) (viii) (I); RCW 42.56.070(1). Personal Information – Tax ID. Information required of any taxpayer in connection with the assessment or collection of any tax (Social Security Number) is protected from disclosure.
<b>13a</b>	RCW 42.56.420(4) Security – Computer and Telecommunications Networks-	Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities
<b>END</b>	<b>END</b>	<b>END</b>